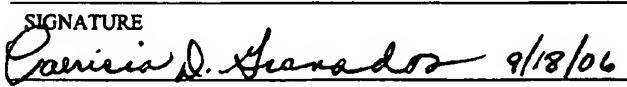


U.S. APPLICATION NO. (IF KNOWN, SEE 37 CFR 1.7) 10/562,213		INTERNATIONAL APPLICATION NO. PCT/AU2004/000817	ATTORNEY'S DOCKET NUMBER 42975-0001-01.US
21. The following fees are submitted:			
<input type="checkbox"/> a) Basic national fee..... <input type="checkbox"/> b) Examination fee .....		\$300.00 \$200.00 \$500.00	RECEIVED PTO USE ONLY 18 SEP 2004
<b>TOTAL OF ABOVE CALCULATIONS =</b>			
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.			
<b>TOTAL SHEETS</b> -100 = /50 =		<b>NUMBER EXTRA (of each additional 50 or fraction thereof rounded up to a whole number)</b> 19	<b>RATE</b> x \$250.00
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(c)).			
<b>CLAIMS</b> Total claims Independent claims		<b>NUMBER FILED</b> 39 - 20 = 2 - 3 =	<b>NUMBER EXTRA</b> 19 0
<b>MULTIPLE DEPENDENT CLAIM(S) (if applicable)</b>			<b>RATE</b> x \$50.00 x \$200.00
<b>TOTAL OF ABOVE CALCULATIONS =</b> <b>\$ 1,440.00</b>			
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.			
<b>SUBTOTAL =</b> <b>\$ 720.00</b>			
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).			
<b>TOTAL NATIONAL FEE =</b> <b>\$ 720.00</b>			
Fee for recording the enclose assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property			
<b>TOTAL FEES ENCLOSED =</b> <b>\$ 720.00</b>			
0 HIRANI 00000117 10562213 1 1 1		<b>Amount to be refunded:</b> <b>\$</b> <b>Amount to be charged:</b> <b>\$</b>	
a. <input checked="" type="checkbox"/> A check in the amount of <b>\$ 720.00</b> to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment To Deposit Account No. <b>08-1641</b> A duplicate copy of this sheet is enclosed.			
d. <input checked="" type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.			
SEND ALL CORRESPONDENCE TO:			
HELLER EHRLICH LLP 1717 Rhode Island Avenue, N.W. Washington, DC 20036 Customer No. : 26633		SIGNATURE  NAME Patricia D. Granados Date 9/18/06	
		REGISTRATION NUMBER 33,683	